S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 9878 Gounty School 19878 Village or City/Ear Earlevilleno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single, harried, or pivonced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH 12 27 , 184. (Month) (Day (Year)	that I last saw h 2 alive on 0 1 8 ,191 4
7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at/Pm, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	(Ouration) + yrs + mos ~ os.
9 BIRTHPLACE (State or country) New Yersey	Contributory Secondary (Toration) yrs mos ds.
ST 11 BIRTHPLACE OF FATHER (State or country) / En Jarsey	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) Mukerway	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds
(informant) Ames Occilege	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Carlevelle MA. 16 Flied Oct. 20, 1914 J. Black REGISTRAR	John Hoffogs Caullon Ind





[Approved by U. S. Census and American Public Health'
Association.]

statement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

galvular heart disease; Chronie interstitial nephritis, ample: Measles (disease causing death), 29 ds .: naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscuriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite discase on the ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "PUERPERAL septichac-"Exhaustion," Never report



BINDING ESERVED ARGIN

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT EXACTLY. Exact stated classified. be pinous properly ы AGE INK supplied. pe UNFADING may certificate. that 80 10 back terms, 00 plain instructions 5 EATH 50 0 item OF Important. Every ite

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED, Married 16 DATE OF DEATH SEX S SINGLE. 4 COLOR OR RACE WIDOWED. (Month) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. SOCCUPATION (a) Trade, profession; or particular kind of work. (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. State Where was disease contracted. If not at place of death? Former or (Interment) usual residence OR REMOVAL DATE OF BURIAL (Address 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPEEAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUST and qualify as mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of __ ture of the American Medical Association.) "Contributory." Hart failure," "Haemorrhage," "Inanition," "Maras. Bronchopneumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of ___ (name origin; "Can State cause for Examples:



	RECORD	PHYSICIANS should state of OCCUPATION Is very
No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
4		1

N. B.

V. S. No. 1.

Village or City County 74 Nouse	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 92 St.; Ward) St.; St.; Ward) St.; Ward) St.; Ward) St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MARRIEO, MICOWED, MICOWED	16 DATE OF DEATH October 21, 1915
6 DATE OF BIRTH To form tyon (Mouth) (Day (Year)	(Month) (Day (Year) 17 I hereby certify, That I attended decessed from 1911, to Ct 2 191 4 that I last saw h Assaulte on Cct 17 191 4
Mouth (Day (Year) 7 AGE It LESS than day,hrs.	and that death occurred on the date stated above, at 2 P m The CAUSE OF DEATH* was as follows: Oerlerie a clerozio (Duration) Notes has recommended.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos di (Signed) (N. D.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Intermant) full Husband (Address) Cherry Hill	If not at piace of death? If not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Cherry Hell Pottles freed Oct 23, 1914
Filed OCH 23,1914 Staux Frager	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. eause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaeetc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For Vio-



S. No. 1.

N. B.-

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'PLACE OF DEATH County Cecil South East Bostha Brown

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:-Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flemale Colard Single, married wipowed, ordivorced (Write the word)	16 DATE OF DEATH Oct. 26 ,1914 (Year)
august 24, 1891	17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1914, to Oct 26, 1944, that I last saw h.W. alive on Oct 26
7 AGE If LESS than	and that death occurred on the date stated above, at 9 H. m. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. Would file file for the file fo	Peritoniti's foccowing
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos 3 ds.
(State or country) cecil Country	Secondary (Quration) yrs mos ds
10 NAME OF Thomes Follow	(Signed) Of Flaceins, M. O.
11 BIRTHPLACE OF FATHER (State or country) Cecil country 12 Main 12 Main NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
of Mother George anna Richard	TAB, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Cecil Country	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) James Brown	If not at place of dealh?————————————————————————————————————
(Address) North East med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CEDER WILL OCT 28, 1914
Filed Oct 28, 1914 de anoli Biddle REGISTERAR	20 UNDERTAKER Pierson North Cast
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At schoot or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in iudustrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day taborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitt; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many oecupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

vatvutar heart disease; Chronic interstitial nephritis. theuia," "Auaemia" (merely symptomatic), "Atrophy," ete. The coutributory (secondary or intercurrent) nant neoplasms); Meastes; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need uot be stated unless important. ture of the American Medical Association.) cause of dcath approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revotver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Cecil Village or City North East (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

......St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRI WIDOW	ED, Pary & Derceb the word)	16 DATE OF DEATH Oct, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH OCT (Month) 7 AGE	22 , 1914- (Day) (Year)	that I last saw h
yrsmos	ds. ORmin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		Atellanu. (Ouration) yrs. mos. ds
9 BIRTHPLACE (State or country) eecil cou	nty med	Gontributory (Secondary) (Doration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) Cecil C	countyne	(Signed)
	enty ma	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Eliza Brown (Address) North East		It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Det 23 1914 Jacob	Biddle REGISTRAR	20 UNDERTAKER PURSON - WORTH BONK

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative dealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "luesperal scottchae--Hart failure," "Haemorrhage," "Inanition," "Maraemus," "Old Age," "Shock," 'Traemia," "Weakness," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. Exture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhanstion," ... (name origin; "Can-State cause for Never report Examples:



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. properly NFADING ilqqua pino plain 5 DEAT 50 Item OF M CAUSI

certificate.

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Instructions

See

important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDDWED. (Year) (Day OROIVORCEO (Write the word) Y. That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH* was as follows: .. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) wanca 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE usuai residence DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age duties of the household only (not paid Housekeepers statement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But'iu many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caumia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e.g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head o by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.: "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1914
BUREAU, V.S.

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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 9884	STATE OF MARYLAND
County Cicil	CERTIFICATE OF DEATH
12 , 6/	Registered No. 72
Village or City Pleasant offile No.	St; Ward) [If death occurred in a hospital or institution, give its KAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH (OA)
SEX COLOR OR RACE SINGLE, MARRIED, MIDOWED OROIVORGED OROIVORGED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	chol 1 1 mal 8 .1
Teley 27 1866	00/ 5 , 1914, to OCF 5, 1914,
(Month) (Day) (Year)	that I last saw here alive on OF 0,1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
49 yrs. 7 mos. 12 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Solomia Cond according
(a) Trade, profession, or particular kind of work	anomic Grows Grownia
(b) General nature of Industry, business, or establishment in	(Ouration)yrsmosds.
which employed (or employer)	Contributory
(State or country) Maryland	(Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER George Damon	(Signed) Attoract fenteurs, M. O.
O 11 BIRTHPLACE	, 191 (Address) Claron, Ma
(State or country 1/2 vocum	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
2 (State or country 1/2000000000000000000000000000000000000	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Tobert Clark	Former or usual residence
(Married & Bhilds RD1	19 PLACE OF BURJAL OR REMOVAL DATE OF BURIAL
(Address)	Older Till (act 11, 1914
Float I 1 1 100 1 & Trees 1 atraces	20 UNDERTAKER ADDRESS
REGISTRAR	a. I. albernachy Cherry Hiel
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mme, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease are accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No.Ward) STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH COLOR OR RACE ORDIVORCEO (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. CAUSE OF DEATH* was as follows: ..min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in. CAUSES, state (1) MEANS OF INJURY; and 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs. __ Where was disease contracted, If not at place of death? Former or usual residence

DATE OF BURIAL

Ilt death occurred la

(Year)

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Whether Acciden-

a hospital or institution,

give its NAME instead of street and number.]

(Day

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If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred isWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, France (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH Month (Day TAGE if LESS than and that death occurred on the date stated above, at t day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME of Into.
DEATH in pre-OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. __ mos. ____ ds. Siate_ Where was ab ease contracted. if not al place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ---15 20 UNDERTAKER ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Chury Hele (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9°C St.; Ward) [It death occurred la a hospital or institution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Free Color of Race Single, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH Oct 3 ~ , 1914 (Month) (Duy (Year) 17 I hEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH June 13 - 1903	, 191, 191,
(Month) (Day (Year) 7 AGE 11 LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at m. The GAUSE OF PEATH* was as follows: Which struck (vecupouts automobile (Accident) (Durztioo) yrs. mos. ds.
State or country) Mary land 10 NAME OF Naines Harlan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER JOAnna Mornson 13 NAME OF MOTHER JOAnna Mornson	(Signed) (Boration) yrs mos ds. (Signed) (Signed) (Boration) yrs mos ds. (Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE (Interment) (Address) Tair Hill Md (Address) 15 Filed OUH, 1314 Franci Frager REGISTERAR	At place of death yrs. mos. ds. State yrs, mos. de Where was disease contracted, it not at place of death? Former or usual residence. 19 CACE OF BURIAL OR REMOVAL 20 UNDERTAKER 21 UNDERTAKER 22 UNDERTAKER 23 UNDERTAKER 24 UNDERTAKER 25 UNDERTAKER 26 UNDERTAKER 26 UNDERTAKER 27 UNDERTAKER 28 UNDERTAKER 29 UNDERTAKER 20 UNDERTAKER 21 UNDERTAKER 22 UNDERTAKER 23 UNDERTAKER 24 UNDERTAKER 25 UNDERTAKER 26 UNDERTAKER 26 UNDERTAKER 27 UNDERTAKER 28 UNDERTAKER 28 UNDERTAKER 29 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred laWard) a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. manual WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1870 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t day hrs. OR min. ? mos BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. State_ Where was disease contracted. MY7KNOWLEDGE if not at place of death?-Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESS REGISTMAR If more blanks are needed, address State Registrar, & E Frank NO. 1. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

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cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION—Severy important. See instructions on back of certificate.

WRITE PLAINLY, WITH

V. S. No. 1.

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Village or City Chung Held (No. 2000)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 2 [If death occurred is a hospital or institutioe, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mace White (Write the word)	16 DATE OF DEATH OCK 3 - 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw h alive on
TAGE If LESS than f day, hrs. OR min.?	and that death occurred on the date stated abova, atm, The GAUSE OF BEATHS was as follows: The GAUSE OF BEATHS was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry,	and where och whearts
business, or establishment in which employed (or employer)	(Cloudest) (Ouration) yrs mos. ds.
9 BIRTHPLACE (State or country) Many Land	Contributory Secondary
10 NAME OF Waines Harlan	(Signed) Will & Dean Coroner Mas.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Joanna Momson	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Many lang	At place in the of death yrs mos ds. Stale yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Names Harlan	Former or usual residence
(Address) Doin Hell Md	19 PLACE OF BUBHAL OR REMOVAL DATE OF BURIAL
Filed Och 4 , 1914 Jani Farm	20 UNDERTAKER ANDORESS NOORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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(Address)

state Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fif death occurred la -Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 5 aINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE tf LESS than and that death occurred on the date stated above, a 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _ _, ds. Where was disease contracted, if not at place of death? Former or

BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

usual residence

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No [If death occurred isWard) a hospital or Institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIED WIDOWED, (Month) (Write the word) (Year) DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, si 1 dayhrs. ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ____ yrs. ___ Slate _ mos. Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 Ceructers 20 UNDERTAKER ADDRESS

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V. S. No. 1.

Cou	1 PLACE OF DEATH 9892 (737)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 92
Vill	age or City Election Mouse Rose Race	[if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 26 , 1914 (Month) (Day (Year)
6 DA	(Month) (Day (Year) (Kear) (Kear) (Kear) (Kear) (Kear) (Kear)	that I last saw h 2 alive on
(a) par (b) busi which	yrs mos ds OR min. ? CCUPATION Trade, protession, or ticular kind of work General nature of industry, ness, or establishment in the employed (or employer)	Contributory Lellow aluple of fire
PARENTS	10 NAME OF FATHER No suformative 11 BIRTHPLACE OF FATHER (State or country) Interplace OF FATHER (State or country) Interplaced	(Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot deathyrsmosds Where was disease contracted.
	REGISTRAR	If not at piace of death? Former or usual residence 19 RLACE OF BURIAL OR REMOVAL Elitory Carrelay 20 UNDERTAKER ADDRESS ELKlyw
	II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cuses, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



carefully supplied. AGE should be stated EXACTLY. PH' that it may be properly classified. Exact statement of

DEATH in plain terms, so that it m See instructions on back of certificate.

Important.

N. B.

PLACE OF DEATH 9894	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist. No. 96
Village or City Mt Pleas aut (No	Oettel St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Watte Senate, Widowed, Wildwid (Write the word)	16 DATE OF DEATH Oct. 4, 191 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sept 5, 1836 Month (Day) (Year)	that last saw her alive on Oct 3 1916
7 AGE 18 yrs. 1 mos. ds. If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1.30 Am, The CAUSE OF DEATH* was as follows: Concurred and Stomach
BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry.	January Promack
business, or establishment in which employed (or amployer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country) Germany,	(Secondary)
10 NAME OF Chas. Schwalbe.	(Signed) Const Contact M. D. Cet 4, 1914 (Address) Liberty Grow. M. D.
OFFATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Dout Russe	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Lermacey.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant) Char, G. Office	Where was disease contractad, If not at place of death? Former or usual residence
(Address) Colora m. C	mt Pleasant md Oct 9, 1914
Flied Ochi V 1914 / Olluman REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: For persons "Foreman," (d)

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted "Croup"); Typhoid faver (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE

> cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chrenie ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



MARGIN

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. certificate. -Every item of information should be c CAUSE OF DEATH is plain terms, so important. See instructions on back of No.

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σ'n

1 PLACE OF DEATH Village or City North East



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead

and

	FULL NAME Stiel-barn	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ex 4 color or race 5 single, married, single widewed, with with the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)		Oct. 3-, 1914, to 191 , that I last saw h alive on 191
7 AGE It LESS than 1 day, 0 hrs. O mos. O ds. OR. Omin. ?		and that death occurred on the date stated above, at 1/30 TF, m, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Deneral nature of Industry, business, or establishment in which employed (or employer)		Still-barn-5/2 marcho gestation: (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Occil Co, Md-		Contributory (Secondary) (Ouration) yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Harfard, Co. Md	(Signed) Jealins, M. D. Oct. 3, 1914 (Address) North East, Md-
	12 MAIDEN NAME OF MOTHER Raselia B. Dennison	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Cecel, Co. Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs
(Informant). COLLAR (Informant)		Where was disease contracted, It not at place of death? Former or usual residence
15 Fi	(Address) will be art milled but 3 1914 Irania Biadle To cul BEGISTEAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER PLEASON ADDRESS VOIL ROAD

If more bianks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary, to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative dealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "l'urrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. oma, Sarcoma, etc., of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio--Hart fallure," "Haemorrhage," "Inanition," "Marasgenltal," tbcnla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report Examples:



PLACE OF DEATH 9896	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 74
Village or City Bayview (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Hill (Write the word)	18 DATE OF DEATH Oct 28, 1914 (Month) (Day (Year)
6 DATE OF BIRTH Och 29, 1836 (Month) (Day (Year)	that I last saw here alive or act 25, 1914
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 11:30 G, m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Nas getting along wirely when This come for (Duration) yes mos 14 ds.
9 BIRTHPLACE (State or country) marykand	Contributory Charles Secondary (Duration) 10 annuales mos. ds.
10 NAME OF FATHER James Fergurson	(Signed) Char, Inilles, M. D. Oct 28, 1914 (Address) noth East, and
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place In the of death yrs mos ds. Where was disease contracted.
(Informant) A. A. Booth	If not at place of death?
Filed CoT 29, 1914 Is aich Bidolle REGISTRAR	Bay rew Ma Och 31, 194 20 UNDERTAKER BE Mason Nottingia
If more bianks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dedler," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convilsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Scuile," etc.), "Dropsy," (Recommendations on statement of ctc. State cause for "Exhanstion,"



state Very SICIANS should occupation is PHYSICIANS RECORD ō statement PERMANENT Exact classified. pino properly INK supplied. pe UNFADING may certificate. that 80 6 back terms, should 00 plain Instructions Information = EATH DO Item PO Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... [It death occurred in Ward) a hospital or institution. give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OF S SINGLE. DATE OF DEATH MARRIED, LO WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place la the OF MOTHER (State or country) of death _____ yrs. ____ State ____ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) ----15 20 UNDERTAKER RESISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-



Z.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9898 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County County	05
00 21,	Registration Dist, No.
Village or City Chung Hell (No	St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frm 4 COLOROR RACE 5 SINGLE, MARRIED, WIGOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH. Oct 3. 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Month (Month) (Day (Year)	, 191.4, to, 191, 191
TAGE Tage If Less than 1 day,hrs. 0 ds. 0 ds.	and that death occurred on the date stated above, at m The GAUSE/OF DEATH* was as follows: Control Dearses Cars Which Street Death-order Control Death
OF FATHER Country) Mary land 10 NAME OF FATHER Edward & Soward 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER MARY KETTING	(Signed) In Contributory Secondary (Doration) yrs mos ds graded yrs and (Signed) In Contributory Secondary (Signed) In Contributory Secondary yrs mos ds graded yrs and (Signed) yrs mos ds graded yrs graded y
13 BIRTHPLACE OF MOTHER (State or country) Praya 14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cutture Trad	Af place in the of death yrs, mos, ds. Stale yrs, mos, ds. Where was disease contracted, if not at place of death?— Former or usual residence.
16 Pole 4 19:4 Frank Frager	LEAST SURIAL ORGEMOVAL DATE OF BURIAL COLOR 194

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liuc is provided for the latter statement; cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association. "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For vio-



MARGIN

PHYSICIANS should of OCCUPATION IS RECORD statemen PERMANENT EXACTLY. stated D THIS properly AGE INK supplied. be UNFADING may certificate. carefully that 20 10 WITH be terms, pinous 0 plain See Instructions Information = DEATH WRITE 0 OF mportant. Ы Every

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, 1 day,hrs. DEATH OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Buration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

At place 4 ot death yrs, mos	ds.	In the State	yrs,	mos.	
Where was disease contracted,					

If not at place of death?

Former or usual residence

DATE OF BURIAL

20 UNDERTAKER Commence ADDRESS

[it death occurred in

(Year)

a hospital or institution.

give its NAME instead ot street and number. 1

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Furm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many oecupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ete,, when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Ilcart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



N. B.-

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1	10470
/	PLACE OF DEATH
Coun	ty Cacil
Villa	ge or City Van Gailton, No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospita) or institution, give Ita NAME Instead of streef and number.]

FULL NAME / VFT Warmer	4
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDDWED,	16 DATE OF DEATH 10 3 , 191 4
rale (scred (Write the word)	(Month) (Day (Year)
ATE OF BIRTH	
(Month) (Day (Year)	that I last saw h alive on
GE If LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
CCUPATION) Trade, profession, or ritcular kind of work	Mo D'en allenaane Chied piest from date I berek (Duration) yrs. mos. ds.
(State or country) reil Co, and,	Contributory Secondary (Duration) yrs moa ds.
11 BIRTHPLACE	(Signed) John Slack Low Rey, M. D. Oct 5, 191 (Address) Cecutoo ruk
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs, mos. da Where was disease contracted, If not at place of death?
(Informant) good Sull	Former or usual residence
ed Och 5 1914 At Black	Polar Ack Carin. Date of Burial Delace o
REGISTRAR	Howard Dewall. Carlville Med
	PERSONAL AND STATISTICAL PARTICULARS EX



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Furmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia eausing death (the primary affection with respect to ("Pneumonla," unqualified, is indefinite): Tubercu-"Croup";) term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted fever (the only definite synonym is "Epidemie eere-Statement of cause of death-Name, first, the DISEASE meuingitis"); Diphtheria Typhoid fever (never report "Typhoid (avoid use of

BUREAU. V.S.

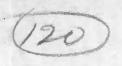
thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis. eause of death approved by Comm "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," (Recommendations on statement of may be stated under the head of cte.), (secondary or interenrent) "Dropsy," "Exhaustion," "PUERPERAL septichaettee on Nomencla-

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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

9900 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RAGE Single, MARRIEO, WIOWELD WOOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH ON SUMMER (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day (Year) (Month) (Day (Year) If LESS than 1 day, hrs. OR min.?	that I last saw h han alive on loss 29 1914 and that death occurred on the date stated above, at 8, 40 pm. The CAUSE OF DEATH* was as follows:
(a) par (b) busis	CCUPATION Trade, profession, or Booksheeler General nature of industry, ness, or establishment in the employed (or employer)	Circle (buration) yrs mos ds.
	10 NAME OF Sliphan Teller	Gontributor Manual Mensiella Nephrata Secondary (Durallon) Hyrs mos ds. (Signed) HO.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WANGASE WOOD 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE Informant) L. Dirginia Torhunik	At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death?
15 File	(Address) 72 M. 49 MH- 71.4. Nov 2, 1914 Jacish Biddle REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Arth East 20 UNDERTAKER H AN Pierson ADDRESS Worth East
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been chauged or given up on account of the disease Housewife, Housework, or At Home, and children. uot who receive a defluite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous Salcsman, "Foreman,"

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genital," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, mia," "Puerceral peritonitis," etc. State eause for etc., when a defiuite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. ample: Meastes (disease eausing death), 29 ds.; cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report For vio-



S. No. 1.

RECORD PERMANENT WRITE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. CUPATION lif death occurred in PHYSICIANS St .: Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WIDOWED, (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from stated classified. (Month) (Year) (Day TAGE if LESS than D and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? proper BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry. business, or establishment in (Duration) .mos..... which employed (or employer) ... certificate. 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER 08 10 back PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or countr of death yrs. mos. . State yrs. ____ mos. ___ ds DEAT Where was disease contracted. See If not at place of death? of OF usoal residence mportant. M OF BURIAL Every 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 9902	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Mesareake (No ily, 2 FULL NAME James 74. 2	Many St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malle Tulite (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DAZE OF BIRTH AS (Month) (Day) (Year)	that I last saw h all allve on Det 14, 191 %
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1250 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Boat Capitary. (b) General nature of industry, business, or establishment in	Vuturculous
which employed (or employer) BIRTHPLACE (State or country) Permany	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF horn as W. Vanghan	(Signed) Jackson Concert, M. D. Cel 191 Y (Address) Phesaperaly models
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Interment) Mr. James 74. Vaughan	Where was disease contracted, If not at place of death? Former or usual residence
Address () Elsufreable Olly, M. O	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DETLE GUNDLERY 29 UNDERTAKER ADDRESS
REGISTRAR	Charles to Buch thosake A tit
If more blanks are needed, address State Registrar, 6 E	I. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) should be taken to report specifically the occupations ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication. as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage. as "Puerperal septichae ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Examples:



		state
		should on is
	RECORD	PHYSICIANS should be of OCCUPATION
BINDING	S A PERMANENT	be stated EXACTLY.
F 0 E	THIS IS	SE should perly class
RESERVED	UNFADING INK-	carefully supplied. A(that it may be projectificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH Is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Every I CAUSE importa

PLACE OF DEATH 9903	STATE OF MARYLAND
County Cecifi 179	CERTIFICATE OF DEATH
County Clerk	Registration Dist. No. 94
Village or City 1025 Cast (No.	St.; Ward) [It death occurred in a hospital or Institution give lts NAME Instead
FULL NAME Odward of	Matrice of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, married WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH CLUQUEL - 19 , 1837.	that I last saw h allys on Oct 1 1914
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 1/30 am
77 yrs. / mos. // ds. or. min.?	The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work Profession	Valvalus / Kent Desence
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Gontributory 2000 (Secondary)
10 NAME OF Pichard Harnor	(Signed) (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Language tentoquity - P	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Susan A Thorner	Former or usual residence
(Address) North Each = Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 1914
Filed Oct 3 p. 1914 Is aich Biddle	20 UNDERTAKER Pierson ADDRESS, ASTA, Earl
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative weaithfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children. not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral septichac cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile." etc.), "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Sarcoma. etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion, State cause for Never report Examples:



BINDING FOR RESERVED MARGIN

S. No. 1.

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS See instructions on back of certificate. WITH CAUSE OF important. N. B.-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: .Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fin Flan	ale White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word) OF BIRTH NO Information,	17 I HEREBY CERTIFY. That I attended deceased from March 3, 1914, to OCL 23, 1914
particular	(Month) (Day (Year) It LESS than 1 day,hrs. ORmin.? PATION 1, profession, or r kind of work. ral nature of Industry,	and that death occurred on the date stated above, at 3 a m The CAUSE OF DEATH* was as follows: All Shy - Syteming - Brain Cylending was Science gray
business, which emp BIRTHI (Stat	or establishment in played (or employer) PLACE te or country) Penna' NAME OF FATHER BIRTHPLACE OF FATHER Denna'	(Duration) 8 yrs. mos. de Gentributory Libra Premaria Secondary (Denantice) (Doration) yrs. mos. 2 st. (Signed) Stand Bratlant, M. 1 St. 24, 191 4 (Address) Ellin M. 1
12 N	MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(inform	Edina d Garagest	Former of usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS FIRST

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

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